

FILED JUN 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20905

STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 5336 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Hopwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> ✓			
b. CITY (If outside corporate limits, give name of town or village) <u>Mountain View</u>				c. CITY OR TOWN <u>Summersville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>				Length of stay in lb <u>1 1/2 days</u>		d. STREET ADDRESS <u>1070</u> (If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Katherine</u> Middle <u>M.</u> Last <u>Reed</u>				4. DATE OF DEATH <u>June 12, 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 13, 1890</u>	
9. AGE (In years last birthday) <u>67</u>		10. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and state or country) <u>South east Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>							
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>P. P. Reed Summersville, Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>Generalized atherosclerosis</u>		3 years	
				DUE TO (c) <u>Diabetics melitis</u>		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>260x</u>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>1</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>10:30 a.</u> Month, Day, Year <u>June 11, 1957</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>June 11, 1957</u> to <u>June 12, 57</u> and last saw him alive on <u>June 12-57</u> Death occurred at <u>10:30 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. S. Ziff</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS		22c. DATE SIGNED <u>6-12-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>6/14/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bell Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Carroll, Missouri.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mt View, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6-19-57</u>		26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	

(Licensed Embalmer's Statement on Reverse Side)

VS JUN - 7 1960

850. 06 NOV

NOV 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Richard G. Norton, Student Embalmer No. 432
working under my personal supervision.

Student Richard G. Norton
Signature of Student Embalmer

Signed Joe R. Duncan

Licensed Embalmer No. 432

P. O. Address Mtn. View,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.